



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

December 19, 2007

S. 911

Conquer Childhood Cancer Act of 2007

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on December 12, 2007*

SUMMARY

S. 911 would amend the Public Health Service (PHS) Act to instruct the Director of the National Institutes of Health (NIH) to enhance, expand, and intensify research to generate effective treatments for pediatric cancer. The bill would authorize the Secretary of Health and Human Services (HHS) to award grants to professional and direct-service organizations to increase public awareness of treatments and support networks available for pediatric cancer patients and their families. S. 911 also would require Director of the Centers for Disease Control and Prevention (CDC) to create a registry to enhance epidemiological research on pediatric cancer.

S. 911 would authorize the appropriation of \$30 million for each of fiscal years 2008 through 2012. CBO estimates that implementing the bill would cost \$120 million over the 2008-2012 period, assuming the appropriation of the specified amounts. Enacting S. 911 would have no effect on direct spending or revenues.

The bill contains no private-sector or intergovernmental mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 911 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

| | By Fiscal Year, in Millions of Dollars | | | | |
|---|--|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| CHANGES IN SPENDING SUBJECT TO APPROPRIATION | | | | | |
| Authorization Level | 30 | 30 | 30 | 30 | 30 |
| Estimated Outlays | 7 | 23 | 31 | 30 | 29 |

BASIS OF ESTIMATE

S. 911 would instruct the Secretary, acting through the Director of NIH, to collaborate with other federal agencies to enhance, expand, and intensify their research to generate effective treatments for pediatric cancers. The Director would be authorized to award grants to enhance cancer research fellowships to develop investigators who can conduct research on pediatric cancer. The Secretary of HHS would be authorized to award grants to professional and direct-service organizations to expand activities that increase awareness of treatments, long-term effects of pediatric cancer, and support networks for patients and parents. S. 911 also would direct the Secretary of HHS, acting through the Director of the CDC, to award a grant to create a national registry of cases of pediatric cancer that could be used for epidemiological studies.

The National Cancer Institute (NCI), which supports the majority of pediatric cancer activities at the NIH, spent \$179 million on childhood cancer activities in fiscal year 2006. Among these activities were: research on the causes, diagnosis, treatment, and prevention of childhood cancers; a national campaign to increase understanding of childhood cancer; and a study of the feasibility of establishing Childhood Cancer Research Network to develop a national registry of childhood cancers.

S. 911 would authorize the appropriation of \$30 million for each of fiscal years 2008 through 2012. This authorization would be in addition to any amount authorized in the National Institutes of Health Reform Act of 2006. For this estimate, CBO assumes that S. 911 will be enacted near the start of calendar year 2008 and that the authorized amounts will be appropriated for each year. Using historical patterns of spending for similar programs, CBO estimates that implementing S. 911 would cost \$7 million in fiscal year 2008 and \$120 million over the 2008-2012 period, assuming appropriation of the specified amounts.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 911 contains no private-sector or intergovernmental mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

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